

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JB		2/6-N-V
O.I.P.E. CLASSIFIER		28	6-22-01
FORMALITY REVIEW	ME	825	8/6/01
RESPONSE FORMALITY REVIEW	ET	30378	11-25-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	4-1-03
2	✓	✓	4-1-03
3	✓	✓	4-1-03
4	✓	✓	4-1-03
5	✓	✓	4-1-03
6	✓	✓	4-1-03
7	✓	✓	4-1-03
8	✓	✓	4-1-03
9	✓	✓	4-1-03
10	✓	✓	4-1-03
11	✓	✓	4-1-03
12	✓	✓	4-1-03
13	✓	✓	4-1-03
14	✓	✓	4-1-03
15	✓	✓	4-1-03
16	✓	✓	4-1-03
17	✓	✓	4-1-03
18	✓	✓	4-1-03
19	✓	✓	4-1-03
20	✓	✓	4-1-03
21	✓	✓	4-1-03
22	✓	✓	4-1-03
23	✓	✓	4-1-03
24	✓	✓	4-1-03
25	✓	✓	4-1-03
26	✓	✓	4-1-03
27	✓	✓	4-1-03
28	✓	✓	4-1-03
29	✓	✓	4-1-03
30	✓	✓	4-1-03
31	✓	✓	4-1-03
32	✓	✓	4-1-03
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45	✓	✓	4-1-03
46	✓	✓	4-1-03
47	✓	✓	4-1-03
48	✓	✓	4-1-03
49	✓	✓	4-1-03
50	✓	✓	4-1-03

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

10-2-8  
 1-9-20  
 10-8-11  
 1-9-19  
 If more than 150 claims or 10 actions  
 staple additional sheet here  
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